TAXIDERMIST LICENSE APPLICATION FOR THE YEAR OF 2015

Application requested: Renewal (Previous year license #)	Resident	(LICENSE FEE \$67.00)
☐ Original	AND	☐ Nonresident	(LICENSE FEE \$702.00)
LAST NAME	FIRST NAME and Middle I		DATE OF BIRTH
LAST NAME	FIRST NAME and Middle I	muai	DATE OF BIRTH
HOME MAILING ADDRESS	CITY STATE	ZIP CODE	PHONE NUMBER
SPORTSPERSON I.D. Weight	Height (Ft - Inches)	Eye Color Hair C	Color Sex
NAME OF BUSINESS BUSI	INESS MAILING ADDRESS	CITY	STATE ZIP CODE
BUSINESS PHONE NUMBER BUSI	NESS PHYSICAL LOCATION	CITY	STATE ZIP CODE
XXX – XX – SOCIAL SECURITY NUMBER (Last 4 digits Require Resident applicant must complete the following:	d)		
	ROOF OF WYOMING RESID	ENCY:	
YRS WY RES. or Days Active Military in WY ONE of the following must be provided:	/Y Driver's License Number or WY ID Card N	umber	Complete the PROOF OF RESIDENCY form ON NEXT PAGE
Under penalty of prosecution, I swear or affirm that the information given by defined in W.S. 23-1 -102(a)(ix)(xv) and 23-1-107 and have been domiciled immediately preceding the date of application for this license(s). See Page	in Wyoming for not less than one (1) year an	swear, under penalty of prosecution, t	hat I am a Wyoming Resident as ere for any purpose during the one (1) year
I, the undersigned, depose and say that I am a taxidermi and trophy game animals, small game animals, furbeari further depose and say I will operate in accordance with	ng animals, game birds, migrator	y game birds, protected bird	s and animals and game fish. I
I understand that I must keep a daily record of all wildli include names and addresses of persons from whom wild description and any identifying number (i.e., licenses, ta	ldlife specimens were received, d	ate of receipt, location when	re taken, approximate date killed,
Applicant Signature		Date	
OR			
Parent or Legal Guardian's Signature		Date	

RESIDENT TAXIDERMIST: Submit your application form and fee to your local game warden for approval.

NONRESIDENT TAXIDERMIST: Submit your application form and fee (Money Order or Cashier's Check) to the Game and Fish Headquarters at the address indicated below.

A Resident Taxidermist shall mail or deliver taxidermist records to the Regional Game and Fish Office in accordance with the address listed on the back of this form in the geographic region where the taxidermist business is located on or before January 31 of the year following for which the taxidermist license was valid.

A Nonresident Taxidermist shall mail or deliver taxidermist records to the Wyoming Game and Fish Department, Wildlife Division Law Enforcement, 5400 Bishop Boulevard, Cheyenne, Wyoming 82006 on or before January 31 of the year following for which the taxidermist license was valid.

The Department approval block is located on the back of form.

Casper Regional Office	3030 Energy Lane, Suite 100	1-800-233-8544
	Casper, WY 82604	
Cody Regional Office	2820 State Highway 120	1-800-654-1178
	Cody, WY 82414	
Green River Regional Office	351 Astle	1-800-843-8096
	Green River, WY 82935	
Jackson Regional Office	P.O. Box 67, 420 N. Cache	1-800-423-4113
	Jackson, WY 83001	
Lander Regional Office	260 Buena Vista	1-800-654-7862
	Lander, WY 82520	
Laramie Regional Office	528 South Adams	1-800-843-2352
	Laramie, WY 82070	
Pinedale Regional Office	P.O. Box 850	1-800-452-9107
-	Pinedale, WY 82941	
Sheridan Regional Office	700 Valley View Drive	1-800-331-9834
-	Sheridan, WY 82801	

TO BE COMPLETED BY DEPARTMENT

RE	EVIEWED AND APPROVED BY:		
GAME WARDEN SIGNATURE & DATE GAME WARDEN Printed Name		COMMERCIAL OPERATIONS COORDINATOR SIGNATURE & DATE COMMERCIAL OPERATIONS COORDINATOR Printed Name	
NO	TE: Please mail this approved application form and proper fee to	the following:	
	WYOMING GAME AND FISH DEPARTME LICENSE SECTION 5400 BISHOP BOULEVARD CHEYENNE, WY 82006-0001	ENT	
	PROOF OF V	WYOMING RESIDENCY	
		Wyoming Identification card, the following information must be provided (Please Print). SHALL RESULT IN THE DENIAL OF A LICENSE BEING ISSUED.	
	PLEASE PROVIDE A VERIFIABLE AN	NSWER TO ONE OF THE FOLLOWING (Please Print):	
1.	I, or the person for whom I am applying (Resident applicant under the age of 18), have/has resided at the following address(es) for the past one (1) year immediately preceding the date of this application:		
	6	/	
2.	Street Address Current or last Wyoming School attended:		
3.		ed serving in active military duty; AND I have no claim of residency in any other state for any purpose.	
	YES, I meet the above criteria per W.S. § 23-1-107		
4.	I was stationed in Wyoming for ninety (90) days or more, but was NOT a Wyoming resident when I entered the military; AND am currently an active member of the military; AND I		
	have made no claim of residency in any other state territory or country for any purpose; AND I have maintained my voter registration in Wyoming.		
	YES, I meet the above criteria per W.S. § 23-1-107		
5.	If Active Duty Military, I hereby certify under penalty of perjury that the United	d States (Branch) has permanently stationed me at	
	(Station) Wyoming as of	(Date) and I am prepared to produce a copy of the Official Orders upon request.	
6.	If a minor dependent, name of parent or legal guardian who is a Wyoming Resid		
		will check the information provided to verify applicant's residency in the state of Wyoming.	
		OR	
	Resident Applicant's Signature	Parent/Guardian Signature (Resident Applicant Under Age of 18)	